Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN3742AGC	A. BUILDING _____ B. WING _____	11/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON HILLS RESIDENTIAL GROUP CARE 3	8055 MOHAWK LANE RENO, NV 89506

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/1/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of A. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: Based on observation on 11/1/10, the administrator failed to ensure that 2 of 4 residents received needed services and protective supervision (Resident #1 and #4) . At 11:45 am, a surveyor rang the door bell, but no one answered the door. The surveyor entered the house from the side door which was opened and heard the Resident #1 was yelling, "Help me, help me, I need to go to the bathroom". No one was there to assist Resident #1 who was blind. In about 10 minutes, a gentleman emerged from the bathroom. The surveyor asked him who he was and the gentleman replied he was a visitor. Later on, the surveyor found out that the gentleman was an unqualified caregiver who has been working at the facility for a week but had no available file. The facility left two residents (Resident #1 and #4) without protective supervision (no qualified caregiver) on the premises. This was a repeat deficiency from the 12/10/09 State Licensure survey. Severity: 3 Scope: 1	Y 050		
Y 069 SS=D	449.196(1)(e) Qualifications of Caregiver-Meet needs NAC 449.196 1. A caregiver of a residential facility must:	Y 069		

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Y 069	Continued From page 2 (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility. This Regulation is not met as evidenced by: Based on observation, record review and interview on 11/1/10, the facility failed to provide a qualified caregiver that possessed the appropriate knowledge, skills and abilities to meet the needs of the residents (Employee #4). Severity: 2 Scope: 1	Y 069		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 11/1/10, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #4). Severity: 2 Scope: 1	Y 103		